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Bib Data Sheet

CONFIRMATION NO. 5068

SERIAL NUMBER 09/59,386	FILING DATE 09/23/1998 RULE	CLASS 375	GROUP ART UNIT 2634	ATTORNEY DOCKET NO. 50023-097
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APPLICANTS

MASAHIRO MAKI, FUKUOKA-KEN, JAPAN;

SHOICHI KOGA, FUKUOKA-KEN, JAPAN;
SATOSHI SHINOZAKI, KUKUOKA-KEN, JAPAN;YUJI IGATA, FUKUOKA-KEN, JAPAN;
SATOSHI HASAKO, FUKUOKA-KEN, JAPAN;
MICHINORI KISHIMOTO, FUKUOKA-KEN, JAPAN;
KISHIMOTO TAMESUE, FUKUOKA-KEN, JAPAN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

JAPAN 9-264135 09/29/1997
JAPAN 10-016969 01/29/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/30/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	STATE OR COUNTRY JAPAN	SHEETS DRAWING 14	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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ADDRESS
20277
MCDERMOTT WILL & EMERY
600 13TH STREET, N.W.
WASHINGTON , DC
20005-3096

TITLE
COMMUNICATION SYSTEMS, SENDER AND RECEIVER

FILING FEE RECEIVED 2412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue)
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/159,386	09/23/98	331 375	2812 2644	50023-097		
APPLICANT	MASAHIRO MAKI, FUKUOKA-KEN, JAPAN; SHOICHI KOGA, FUKUOKA-KEN, JAPAN; SATOSHI SHINOZAKI, KUKUOKA-KEN, JAPAN; YUJI IGATA, FUKUOKA-KEN, JAPAN; SATOSHI HASAKO, FUKUOKA-KEN, JAPAN; MICHINORI KISHIMOTO, FUKUOKA-KEN, JAPAN; KISHIMOTO TAMESUE, FUKUOKA-KEN, JAPAN.					
	CONTINUING DOMESTIC DATA*** VERIFIED <u>None DH</u>					
	371 (NAT'L STAGE) DATA*** VERIFIED <u>None DH</u>					
	FOREIGN APPLICATIONS*** VERIFIED JAPAN 9-264135 09/29/97 <u>OK! DH</u> JAPAN 10-016969 01/29/98					
Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged <u>DH</u> Examiner's Initials Initials		JPX	14	48	15	
ADDRESS	MCDERMOTT WILL & EMERY STE 300 99 CPNAL CENTER PLAZA ALEXANDRIA VA 22314 600 13 STREET N.W. WASHINGTON, D.C. 20005					
	COMMUNICATION SYSTEMS, TRANSMITTER AND RECEIVER					
TITLE						
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			
\$1,580						